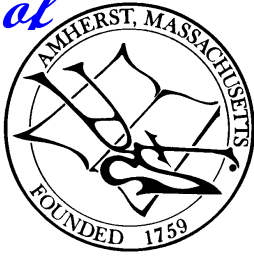


Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

Livestock/Poultry Registration Permit Application

Please Print Legibly

Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____ **Back-up/Cell Phone Number:** _____

E-mail address: _____

We must be able to contact the livestock owner or his/her representative in case of an emergency; please provide a secondary contact when appropriate.

Secondary Contact:

Name: _____

Phone #: _____

Please provide the following information:

Type of dwelling: (Circle One)

Chicken Coop

Rabbit Hutch

Type of Livestock:

☐ Chickens

Number of adult animals

Currently: _____

Planned: _____

☐ Rabbits

Number of adult animals

Currently: _____

Planned: _____

Onetime, non-renewable fee: \$10.00

Date of Payment: _____

Office Use Only:

Parcel ID # : _____

MUNIS Application #: _____

MUNIS Batch #: _____